

5:21-CV-00381-OLG

EXHIBIT F

PLAINTIFF'S PERSONNEL FILE EXCERPTS POSITION ELIMINATED

CITY OF LEON VALLEY**PERSONNEL ACTION REQUEST**

A EMPLOYEE NAME <i>Denise Frederick</i>		SOCIAL SECURITY #	STREET ADDRESS	DOB
PAYROLL #	DEPT/ACCOUNTS	GRADE/STEP	HOME #	CITY/STATE/ZIP

B ABSENCE/REASON

- | | | |
|---|--|--|
| <input type="checkbox"/> PERSONAL LEAVE | <input type="checkbox"/> COMPENSATORY TIME | <input type="checkbox"/> AUTHORIZED PAID LEAVE |
| <input type="checkbox"/> ANNUAL LEAVE | <input type="checkbox"/> MAJOR MEDICAL LEAVE | <input type="checkbox"/> UNAUTHORIZED UNPAID LEAVE |
| <input type="checkbox"/> SICK LEAVE | <input type="checkbox"/> LONG TERM LEAVE | <input type="checkbox"/> JURY LEAVE |
| <input type="checkbox"/> HOLIDAY LEAVE | <input type="checkbox"/> DEATH LEAVE | <input type="checkbox"/> OTHER _____ |

NUMBER OF HOURS TAKEN: _____ DATES OF LEAVE/ABSENCE: _____

NUMBER OF HOURS ACCRUED: _____ REMARKS: _____

C PAYROLL CODES	CODE	EMPLOYMENT ACTIVITY	JOB TITLE <i>City Attorney</i>
<input type="checkbox"/> HEALTH	<input type="checkbox"/>	NEW HIRE/PROMOTION	TWCC CODE
<input type="checkbox"/> DENTAL	<input type="checkbox"/>	TERMINATION	SPLIT PAY ACCTS
<input type="checkbox"/> VISION	<input type="checkbox"/>	NAME CHANGE	OTHER
<input type="checkbox"/> LEAVE ACCRUAL	<input type="checkbox"/> Y/N	CHANGE TO REGULAR STATUS	OTHER
<input type="checkbox"/> CERTIFICATION PAY/PP	<input type="checkbox"/>	ADDRESS/PHONE CHANGE	
<input type="checkbox"/> TMRS	<input type="checkbox"/> Y/N	UNIFORM ALLOWANCE	

D PAYROLL CHANGE	<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> GRADE CHANGE
ANNIVERSARY DATE	<input type="checkbox"/> FROM GRADE	
EFFECTIVE DATE <i>11/18/19</i>	<input type="checkbox"/> TO STEP	
BASE HOURS	PAY RATE	<input type="checkbox"/> FROM \$
		<input type="checkbox"/> TO \$

E TERMINATION REQUESTDATE RESIGNATION RECEIVED *9/1/19* DEPT. EXIT INTERVIEW BY _____
DATE EFFECTIVE *NOV 18 19* INTERVIEW DATE _____TERMINATION PERFORMANCE EVALUATION DONE? YES NO IS EMPLOYEE ELIGIBLE FOR REHIRE? YES NOREASON FOR TERMINATION *Position was no longer budget*

F TERMINATION PAYROLL	HOURS	RATE	AMOUNT
PERSONAL LEAVE	<i>76.38</i>	<i>\$ 43.14</i>	<i>\$ 3295.03</i>
COMP. LEAVE		\$	\$
HOLIDAY LEAVE		\$	\$
OTHER		\$	\$
UNIFORM ALLOWANCE		\$	\$
	TOTAL		\$

G APPROVAL SIGNATURES	DATE SIGNED
EMPLOYEE	
DEPARTMENT HEAD	
CITY MANAGER	
HR DIRECTOR <i>[Signature]</i>	<i>12/3/17</i>

CITY OF LEON VALLEY
PERSONNEL ACTION REQUEST

A EMPLOYEE NAME		SOCIAL SECURITY #		STREET ADDRESS		DOB
Denise Fredrick						
PAYROLL #	DEPT/ACCOUNTS	GRADE/STEP	HOME #	CITY/STATE/ZIP		

B ABSENCE/REASON

<input type="checkbox"/> PERSONAL LEAVE	<input type="checkbox"/> COMPENSATORY TIME	<input type="checkbox"/> AUTHORIZED PAID LEAVE
<input type="checkbox"/> ANNUAL LEAVE	<input type="checkbox"/> MAJOR MEDICAL LEAVE	<input type="checkbox"/> UNAUTHORIZED UNPAID LEAVE
<input type="checkbox"/> SICK LEAVE	<input type="checkbox"/> LONG TERM LEAVE	<input type="checkbox"/> JURY LEAVE
<input type="checkbox"/> HOLIDAY LEAVE	<input type="checkbox"/> DEATH LEAVE	<input type="checkbox"/> OTHER _____

NUMBER OF HOURS TAKEN: _____

DATES OF LEAVE/ABSENCE: _____

NUMBER OF HOURS ACCRUED: _____

REMARKS: _____

C PAYROLL CODES		CODE	EMPLOYMENT ACTIVITY		JOB TITLE TWCC CODE SPLIT PAY ACCTS OTHER OTHER
<input type="checkbox"/> HEALTH	<input type="checkbox"/>	NEW HIRE/PROMOTION	<input type="checkbox"/>		
<input type="checkbox"/> DENTAL	<input type="checkbox"/>	TERMINATION	<input type="checkbox"/>		
<input type="checkbox"/> VISION	<input type="checkbox"/>	NAME CHANGE	<input type="checkbox"/>		
<input type="checkbox"/> LEAVE ACCRUAL	<input type="checkbox"/> Y/N	CHANGE TO REGULAR STATUS	<input type="checkbox"/>		
<input type="checkbox"/> CERTIFICATION PAY/PP	<input type="checkbox"/>	ADDRESS/PHONE CHANGE	<input type="checkbox"/>		
<input type="checkbox"/> TMRS	<input type="checkbox"/> Y/N	UNIFORM ALLOWANCE	<input type="checkbox"/>		

D PAYROLL CHANGE

ANNIVERSARY DATE	<input checked="" type="checkbox"/> MERIT INCREASE	
EFFECTIVE DATE <i>6/23/19 Retro</i>		
BASE HOURS		

<input type="checkbox"/> GRADE CHANGE		SPLIT PAY ACCTS OTHER OTHER	
FROM	GRADE		
TO	STEP		
PAY RATE	FROM		\$ <i>41.46/hr</i>
	TO	\$ <i>42.29/hr</i>	

E TERMINATION REQUEST

DATE RESIGNATION RECEIVED _____

DEPT. EXIT INTERVIEW BY _____

DATE EFFECTIVE _____

INTERVIEW DATE _____

TERMINATION PERFORMANCE EVALUATION DONE? YES NOIS EMPLOYEE ELIGIBLE FOR REHIRE? YES NO

REASON FOR TERMINATION _____

F TERMINATION PAYROLL

	HOURS	RATE	AMOUNT
PERSONAL LEAVE		\$	\$
COMP. LEAVE		\$	\$
HOLIDAY LEAVE		\$	\$
OTHER		\$	\$
UNIFORM ALLOWANCE		\$	\$
	TOTAL		\$

G APPROVAL SIGNATURES

DATE SIGNED

EMPLOYEE _____	
DEPARTMENT HEAD _____	<i>Kelly Kuenzler</i>
CITY MANAGER _____	<i>1-9-19</i>
HR DIRECTOR _____	

CITY OF LEON VALLEY
PERSONNEL ACTION REQUEST

A EMPLOYEE NAME <i>Denise Frederick</i>		SOCIAL SECURITY #	STREET ADDRESS	DOB
PAYROLL # 1240	DEPT/ACCOUNTS	GRADE/STEP	HOME #	CITY/STATE/ZIP

B ABSENCE/REASON

- | | | |
|---|--|--|
| <input type="checkbox"/> PERSONAL LEAVE | <input type="checkbox"/> COMPENSATORY TIME | <input type="checkbox"/> AUTHORIZED PAID LEAVE |
| <input type="checkbox"/> ANNUAL LEAVE | <input type="checkbox"/> MAJOR MEDICAL LEAVE | <input type="checkbox"/> UNAUTHORIZED UNPAID LEAVE |
| <input type="checkbox"/> SICK LEAVE | <input type="checkbox"/> LONG TERM LEAVE | <input type="checkbox"/> JURY LEAVE |
| <input type="checkbox"/> HOLIDAY LEAVE | <input type="checkbox"/> DEATH LEAVE | <input type="checkbox"/> OTHER _____ |

NUMBER OF HOURS TAKEN:

DATES OF LEAVE/ABSENCE:

NUMBER OF HOURS ACCRUED:

REMARKS:

C PAYROLL CODES		CODE	EMPLOYMENT ACTIVITY	JOB TITLE <i>City Attorney</i> TWCC CODE <hr/> SPLIT PAY ACCTS <hr/> OTHER <hr/> OTHER
<input type="checkbox"/> HEALTH	<input type="checkbox"/>	NEW HIRE/PROMOTION	<input type="checkbox"/>	
<input type="checkbox"/> DENTAL	<input type="checkbox"/>	TERMINATION	<input type="checkbox"/>	
<input type="checkbox"/> VISION	<input type="checkbox"/>	NAME CHANGE	<input type="checkbox"/>	
<input type="checkbox"/> LEAVE ACCRUAL	<input type="checkbox"/> Y/N	CHANGE TO REGULAR STATUS	<input type="checkbox"/>	
<input type="checkbox"/> CERTIFICATION PAY/PP	<input type="checkbox"/>	ADDRESS/PHONE CHANGE	<input type="checkbox"/>	
<input type="checkbox"/> TMRS	<input type="checkbox"/> Y/N	UNIFORM ALLOWANCE	<input type="checkbox"/>	

D PAYROLL CHANGE

ANNIVERSARY DATE	
EFFECTIVE DATE	<i>6/23/18</i>
BASE HOURS	

MERIT INCREASE

 GRADE CHANGE

FROM	GRADE	STEP
TO	GRADE	STEP
PAY RATE	FROM	\$ <i>39.85/hr</i>
	TO	\$ <i>40.65/hr</i>

E TERMINATION REQUEST

DATE RESIGNATION RECEIVED _____ DEPT. EXIT INTERVIEW BY _____
 DATE EFFECTIVE _____ INTERVIEW DATE _____

TERMINATION PERFORMANCE EVALUATION DONE? YES NO IS EMPLOYEE ELIGIBLE FOR REHIRE? YES NO

REASON FOR TERMINATION _____

F TERMINATION PAYROLL

	HOURS	RATE	AMOUNT
PERSONAL LEAVE		\$	\$
COMP. LEAVE		\$	\$
HOLIDAY LEAVE		\$	\$
OTHER		\$	\$
UNIFORM ALLOWANCE		\$	\$
		TOTAL	\$

G APPROVAL SIGNATURES

DATE SIGNED

EMPLOYEE _____	
DEPARTMENT HEAD _____	
CITY MANAGER _____	
HR DIRECTOR <i>Dal</i>	<i>7/31/18</i>